

Emergency department use and beneficiary access to care

ISSUE: What do data on trends and variations in the use of hospital emergency department services by Medicare beneficiaries tell us about possible problems in access to primary care or post-acute care?

KEY POINTS: Medicare beneficiaries' use of hospital emergency department (ED) services can provide some useful insights into the role that emergency care plays in the overall use of health services among different beneficiary populations. There are two equally important aspects of ED use to consider: the availability of timely, high-quality emergency care; and the extent to which use of ED services can serve as an indicator of gaps in access to care across a range of settings, including post-acute care as well as primary and preventive care.

Recent analyses of data collected by the National Center for Health Statistics (NCHS) have shown an increase for the years 1992- 1999 in both the total volume of visits to EDs and an increase in the rate of visits among the population age 65 and over. These analyses also identified a significant increase in the rates of ED visits related to illness (rather than injury), and to visits due to adverse effects from medical treatment. The most striking findings from the NCHS data concern a significantly higher rate of increase in ED visits among African-Americans, especially those in the oldest age cohorts. Because of the way in which the NCHS surveys are designed, however, the significance of these findings for the Medicare population are difficult to interpret. At the November meeting, staff will review the NCHS findings, and present preliminary analyses of Medicare data to explore whether those findings also raise concerns about access to appropriate care for particular groups of beneficiaries.

Among the topics that we expect to report on in the meeting are:

- How has the actual use of ED services by Medicare beneficiaries changed over the 1990s, overall, and for different beneficiary populations (age cohort, disability or ESRD eligibility; race/ethnicity; insurance status/Medicare+Choice enrollment; urban v. rural residence)
- Has the use of ED services changed for people living in institutional care facilities?
- Do people without a usual doctor use more fewer ED services, and more or less health care overall?

ACTION: Data will be presented at the meeting and the Commissioners should comment on the utility, scope and direction of staff work on ED use, and provide guidance on priorities for analyses to be included in the March report.

STAFF CONTACT: Jill Bernstein (202-220-3740)